Effectiveness and Cost-Effectiveness of a Digital Peer Navigation Intervention for Patients after Treatment for Prostate Cancer: A Multi-Site Randomized Controlled Trial

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INTRODUCTION

- Patients with prostate cancer (PC) often lack support and face **barriers to care** when dealing with treatment side effects, impairing quality of life^{1,2,}.
- **Patient navigation** can improve access to care, provide personalized support and improve quality of life³.
- We developed True North Peer Navigation (aka PeerNav) a digital peer navigation intervention led by volunteer PC survivor peer navigators and supported by technology⁴.

AIMS

- 1. To determine the **effect** of True North Peer Navigation in patients after treatment for PC on **patient activation** (primary outcome), quality of life, needs, and service use.
- 2. To evaluate the **cost-effectiveness** of True North Peer Navigation from the perspective of the healthcare payer.

METHODS

Study Design: Pragmatic Randomized Controlled Trial

Trial Participants: Patients with localized or locally advanced PC within 3 months of completing treatment

Trial Settings:

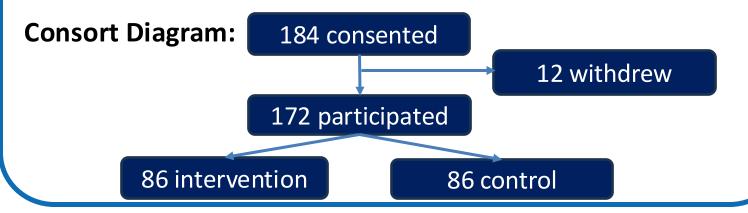
- **Ontario:** Princess Margaret Cancer Centre, Toronto, CA
- British Columbia: BC Cancer, Vancouver, CA
- Nova Scotia: Queen Elizabeth II, Halifax, CA 3.

Trial Arms:

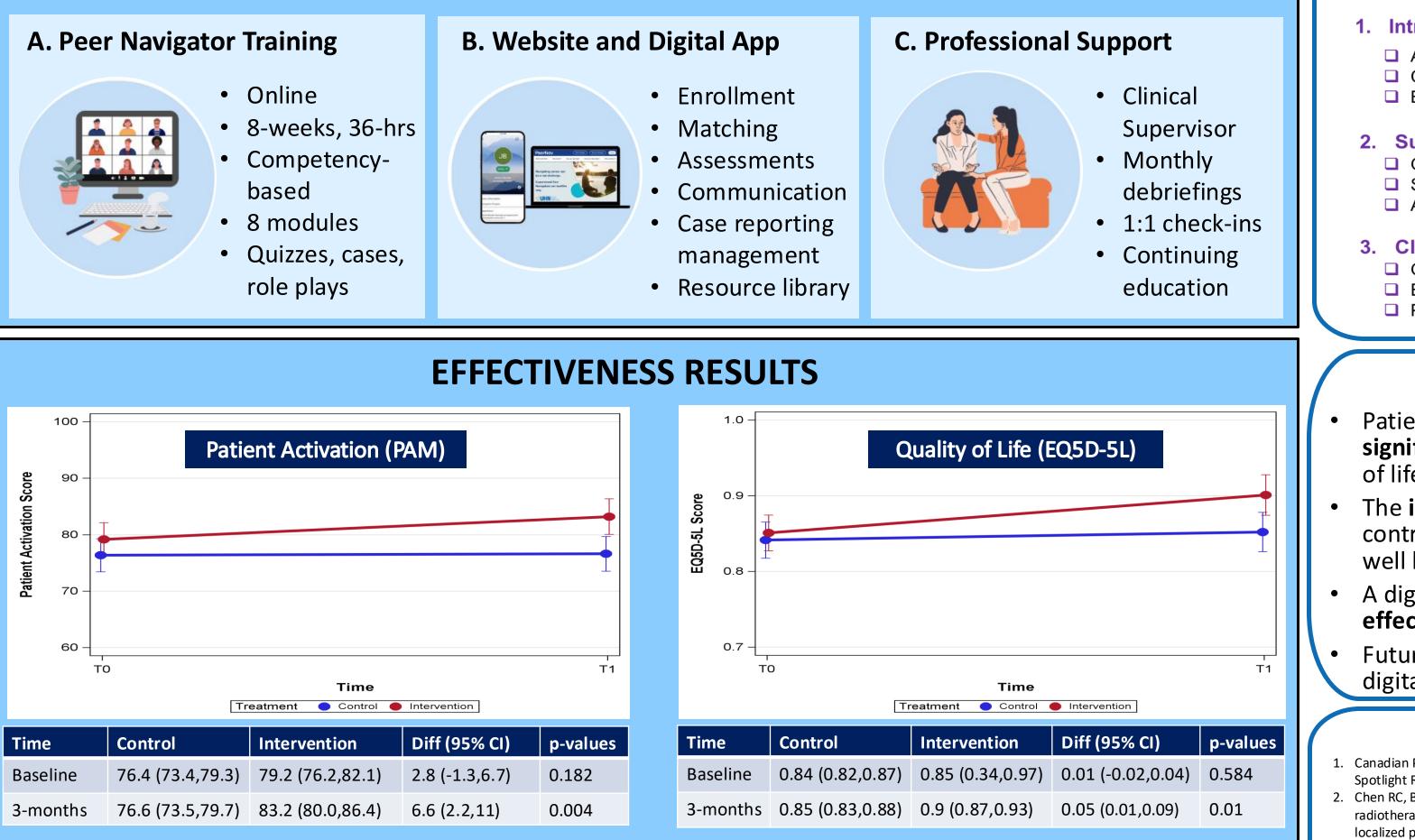
- **Intervention:** True North Peer Navigation
- **2. Control**: In-app Health Resource Library

Data Analysis:

Outcomes were compared at baseline and 3-months using mixed-effect general linear models. A Markov model was used to assess cost-effectiveness with 4 states (PAM 1-4) over a 2-year time horizon and 3-month cycle length.



- based



Condition	Cost (CAD)	QALYs*	ICER** (\$/QALY)
Intervention	4,882	6.69	
Control	4,565	6.65	
Incremental	317	0.034	9,283
*OAIV- avality adjusted life years			

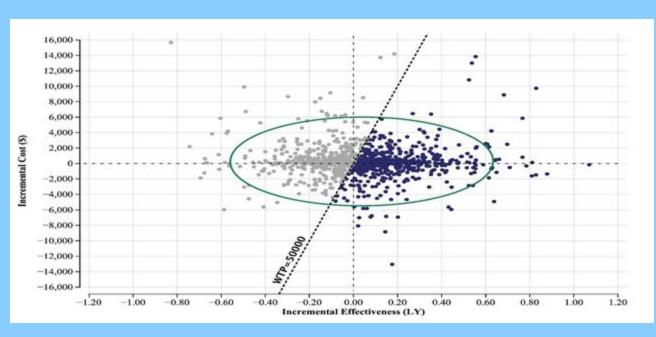
*QALY= quality adjusted life years

****ICER=** incremental cost effectiveness ratio

***WTP= willingness to pay threshold (\$50,000 CAD)

PEER NAVIGATION PROGRAM COMPONENTS

COST-EFFECTIVENESS RESULTS



What do Peer Navigators do?

Introduction:

Assess needs and barriers Clarify understanding and expectations about roles Build relationship

Support:

Offer support Share resources Assist with addressing needs and barriers

Closure:

Offer support as needed Encourage looking after one's own health Promote empowerment and self-advocacy



SUMMARY & CONCLUSIONS

Patients in the intervention group experienced **clinically significant improvements** in patient activation and quality of life compared to the control group.

The intervention yielded more QALYs compared to the control resulting in a cost-effectiveness ratio of \$9,283CAD well below the willingness to pay threshold of \$50,000.

A digital peer navigation program is an effective and costeffective solution for patients after treatment for PC.

Future work will explore how to implement and sustain digital peer navigation in routine care.

REFERENCES

Canadian Partnership Against Cancer. Prostate Cancer Control in Canada: A System Performance Spotlight Report. Toronto, ON; 2015

2. Chen RC, Basak R, Meyer AM, et al. Association between choice of radical prostatectomy, external beam radiotherapy, brachytherapy, or active surveillance and patient-reported quality of life among men with localized prostate cancer. JAMA - 2017;317(11):1141-1150.

Chan RJ, Milch VE, Crawford-Williams F, Agbejule OA, Joseph R, Johal J, et al. Patient navigation across the cancer care continuum: An overview of systematic reviews and emerging literature. CA Cancer J Clin. 2023; 73(6):565-589.

Bender JL, Flora PK, Soheilipour S, Dirlea M, Maharaj N, Parvin L, et al. Web-Based Peer Navigation for Men with Prostate Cancer and Their Family Caregivers: A Pilot Feasibility Study. Current Oncology.2022;



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